INSTRUCTIONS: Submit digital copy of the form on diskette with this completed request to the INDIANA COMMISSION ON PUBLIC RECORDS - 402 W WASHINGTON ST RM W472 - INDIANAPOLIS IN 46204-2739. Requests for original design or revisions must follow the standard forms revision process using State Form 36040 - REQUEST FOR APPROVAL OF NEW / REVISED FORM prior to submitting the form for addition to the State Forms Online Catalog. State Forms listed on the Catalog are for use by state and local government agencies, businesses and the general public.

AGENCY INFORMATION				
Name of agency	Divi	sion		Agency number
Name of Forms Coordinator		Signature	e of Forms Coordinator	Date
Coordinator's telephone number Coordinator's E-mail address				
A manage and dragge				
Agency address				
METADATA				
State Form number	Current Revision			
Title of form:				
Was the artwork created by Indiana Commission on Public Records Forms Management (check one box)? Yes No				
If no, complete the following for our records:				
Software used for creation Version				
Operating system (check one box) IBM (PC) Macintosh Other				
How will form be stored <i>(check one box)</i> ? State Forms Online Catalog Forms Database				
Agency Database Only				
Is form going to be filled in online in the State Forms Catalog?				
If yes, provide a fill-in version of this form.				
in yes, provide a fill-in version of this form.				
	TO BE CO	MPLET	ED BY ICPR	
Approved. Attached is a printed sample of your form, designed by your agency, in PDF format. Please review this form for accuracy and return to Forms Management.				
Approved. Attached is a printed sample of your form designed by Forms Management in PDF format.				
Not approved for the following reasons:				
Analyst	Analyst's telephone n	umber	Analyst's E-mail address	Date